MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587, 263 APPLICANT(S)

FILING DATE

7-26-06

CLAIMS

	AS FILED		AFTER 1* AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS			29	1.3 7/4		६ हा जिल्हा राज्य विकास सम्बद्धित

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TOTAL DEP.		—		+		
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PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

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